

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/673716	FILING DATE				
						APPLICANT(S)					
CLAIMS						*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1						51					
2						52					
3						53					
4	1					54					
5	1					55					
6	1					56					
7		1				57					
8		1				58					
9						59					
10		1				60					
11		1				61					
12		1				62					
13		1				63					
14		1				64					
15		1				65					
16		1				66					
17		1				67					
18		1				68					
19		1				69					
20		1				70					
21		1				71					
22		1				72					
23		1				73					
24	1					74					
25		1				75					
26		1				76					
27		1				77					
28	1					78					
29		1				79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	10					TOTAL IND.					
TOTAL DEP.	19	↓	↓	↓		TOTAL DEP.	↓	↓	↓		
TOTAL CLAIMS	29					TOTAL CLAIMS					